## BEST AVAILABLE COPY

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

CLAIMS AS FILED - PART !

Application or Docket Number

09/926007

(Column 1) (Column 2)								TYPE		OR SMALL ENTITY		
TOTAL CLAIMS							٢	RATE	FEE		RATE	FEE ]
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			/8 minus 20=		*			X\$ 9=		OR	X\$18=	
IND	EPENDENT CL	AIMS	12 mir	nus 3 =	9			X40=		OR	X80=	720
ML	LTIPLE DEPEN	DENT CLAIM PI	RESENT	SENT				+135=		OR	+270=	1000
* If	the difference	in column 1 is	less than zero, enter "0" in column 2				L	TOTAL		OR	TOTAL	1600
	C	LAIMS AS A	MENDED - PART II				<u> </u>			ı	OTHER THAN	
<del></del>		(Column 1)	<b>1</b>	(Column		(Column 3)	ſċ-	SMALL		OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus			=		X40=		OR	X80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+135=		OR	+270=	
TOTAL ADDIT. FEE										OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUM PREV	HEST MBER IOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	į
	Independent	*	Minus	***	T 01 4114	=		X40=		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	+270=	
+135= TOTAL ADDIT. FEE										Н	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIG NUI PREV	HEST MBER 'IOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus <sub>2</sub>	***		=		X40=		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								1			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.											<u> </u>	
ľ **	** If the entry in column 1 is less than the entry in column 2, write 0 in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."											